

<i>SERFF Tracking Number:</i>	<i>CNAB-125384151</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Continental Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$?</i>
<i>Company Tracking Number:</i>	<i>07-L3389</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Deferral Request</i>		
<i>Project Name/Number:</i>	<i>Deferral Request/07-L3389</i>		

Filing at a Glance

Companies: Continental Insurance Company, American Casualty Company of Reading PA, National Fire Insurance Company of Hartford, Transportation Insurance Company, Valley Forge Insurance Company, Continental Casualty Company

Product Name: Deferral Request	SERFF Tr Num: CNAB-125384151	State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only	SERFF Status: Closed	State Tr Num: #? \$?
Sub-TOI: 17.2001 Commercial General Liability	Co Tr Num: 07-L3389	State Status: Fees verified and received
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Author: Mercy Marasigan	Disposition Date: 12/17/2007
	Date Submitted: 12/11/2007	Disposition Status: Non-Adoption
Effective Date Requested (New): 05/01/2008		Effective Date (New):
Effective Date Requested (Renewal): 05/01/2008		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: Deferral Request	Status of Filing in Domicile: Not Filed
Project Number: 07-L3389	Domicile Status Comments: State of domicile does not require filing of rules.
Reference Organization: ISO	Reference Number: GL-2006-OCTRU
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 12/17/2007	
State Status Changed: 12/17/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Deferral Request - We are requesting to defer the ISO General Liability Multistate Rules revision (Filing Designation #GL-2006-OCTRU)	
as referenced in their circular LI-GL-2007-113.	

SERFF Tracking Number:	CNAB-125384151	State:	Arkansas
First Filing Company:	Continental Insurance Company, ...	State Tracking Number:	#? \$?
Company Tracking Number:	07-L3389		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	Deferral Request		
Project Name/Number:	Deferral Request/07-L3389		

Company and Contact

Filing Contact Information

Mercy A. Marasigan, State Filing Analyst	mercedes.marasigan@cna.com
333 S. Wabash	(312) 822-6609 [Phone]
Chicago, IL 60685	(312) 755-2394[FAX]

Filing Company Information

Continental Insurance Company	CoCode: 35289	State of Domicile: Pennsylvania
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor	Group Name: CNA Insurance Companies	State ID Number:
Chicago, IL 60604	FEIN Number: 13-5010440	
(312) 822-4292 ext. [Phone]	-----	

American Casualty Company of Reading PA	CoCode: 20427	State of Domicile: Pennsylvania
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor	Group Name: CNA Insurance Companies	State ID Number:
Chicago, IL 60604	FEIN Number: 23-0342560	
(312) 822-4292 ext. [Phone]	-----	

National Fire Insurance Company of Hartford	CoCode: 20478	State of Domicile: Illinois
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor	Group Name: CNA Insurance Companies	State ID Number:
Chicago, IL 60604	FEIN Number: 06-0464510	
(312) 822-4292 ext. [Phone]	-----	

Transportation Insurance Company	CoCode: 20494	State of Domicile: Illinois
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor

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<i>First Filing Company:</i>	<i>Continental Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$?</i>
<i>Company Tracking Number:</i>	<i>07-L3389</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Deferral Request</i>		
<i>Project Name/Number:</i>	<i>Deferral Request/07-L3389</i>		

Chicago, IL 60604	Group Name: CNA Insurance Companies	State ID Number:
(312) 822-4292 ext. [Phone]	FEIN Number: 36-1877247	

Valley Forge Insurance Company	CoCode: 20508	State of Domicile: Pennsylvania
333 South Wabash	Group Code: 218	Company Type: Property and Casualty
37th Floor		
Chicago, IL 60604	Group Name: CNA Insurance Companies	State ID Number:
(312) 822-4292 ext. [Phone]	FEIN Number: 23-1620527	

Continental Casualty Company	CoCode: 20443	State of Domicile: Illinois
333 South Wabash	Group Code: 218	Company Type: Property and Casualty
Chicago , IL 60604	Group Name: CNA Insurance Companies	State ID Number:
(312) 822-4292 ext. [Phone]	FEIN Number: 36-2114545	

SERFF Tracking Number: CNAB-125384151 State: Arkansas

First Filing Company: Continental Insurance Company, ... State Tracking Number: #? \$?

Company Tracking Number: 07-L3389

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: Deferral Request

Project Name/Number: Deferral Request/07-L3389

Filing Fees

Fee Required? Yes

Fee Amount: \$0.00

Retaliatory? No

Fee Explanation: \$ 25.00 for deferral- Check will be mailed

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental Insurance Company	\$0.00	12/11/2007	
American Casualty Company of Reading PA	\$0.00	12/11/2007	
National Fire Insurance Company of Hartford	\$0.00	12/11/2007	
Transportation Insurance Company	\$0.00	12/11/2007	
Valley Forge Insurance Company	\$0.00	12/11/2007	
Continental Casualty Company	\$0.00	12/11/2007	

SERFF Tracking Number:	CNAB-125384151	State:	Arkansas
First Filing Company:	Continental Insurance Company, ...	State Tracking Number:	#? \$?
Company Tracking Number:	07-L3389		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	Deferral Request		
Project Name/Number:	Deferral Request/07-L3389		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Non-Adoption	Edith Roberts	12/17/2007	12/17/2007

SERFF Tracking Number:	CNAB-125384151	State:	Arkansas
First Filing Company:	Continental Insurance Company, ...	State Tracking Number:	#? \$?
Company Tracking Number:	07-L3389		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	Deferral Request		
Project Name/Number:	Deferral Request/07-L3389		

Disposition

Disposition Date: 12/17/2007

Effective Date (New):

Effective Date (Renewal):

Status: Non-Adoption

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

<i>SERFF Tracking Number:</i>	<i>CNAB-125384151</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
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<i>Project Name/Number:</i>	<i>Deferral Request/07-L3389</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	P & C Trans. Doc	Non-adoption	Yes
Supporting Document	Cover Letter	Non-adoption	Yes

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<i>First Filing Company:</i>	<i>Continental Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$?</i>
<i>Company Tracking Number:</i>	<i>07-L3389</i>		
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<i>Product Name:</i>	<i>Deferral Request</i>		
<i>Project Name/Number:</i>	<i>Deferral Request/07-L3389</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	CNAB-125384151	State:	Arkansas
First Filing Company:	Continental Insurance Company, ...	State Tracking Number:	#? \$?
Company Tracking Number:	07-L3389		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	Deferral Request		
Project Name/Number:	Deferral Request/07-L3389		

Supporting Document Schedules

Satisfied -Name:	P & C Trans. Doc	Review Status:	Non-adoption	12/17/2007
Comments:	P & C Transmittal Doc and Rate/Rule Schedule attached			
Attachments:	AR07-L3389 P & C Trans Doc.pdf AR07-L3389 RRFS.pdf			

Satisfied -Name:	Cover Letter	Review Status:	Non-adoption	12/17/2007
Comments:	Cover letter attached			
Attachment:	AR07-L3389 Cover Letter.pdf			

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
CNA	218

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Continental Casualty Company	IL	20443	36-2114545	
National Fire Insurance Company of Hartford	IL	20478	06-0464510	
American Casualty Company of Reading, Pa	PA	20427	23-0342560	
Transportation Insurance Company	IL	20494	36-1877247	
Valley Forge Insurance Company	PA	20508	23-1620527	
The Continental Insurance Company	PA	35289	13-5010440	

5. Company Tracking Number	07-L3389
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Mercy A. Marasigan	State Filing Analyst	(312) 822-6609	(312) 755-2394	mercedes.marasigan@cna.com
333 S. Wabash Ave. Chicago, IL 60604				
7. Signature of authorized filer		<i>Mercy A. Marasigan</i>		
8. Please print name of authorized filer		Mercy A. Marasigan		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Other Liability
10. Sub-Type of Insurance (Sub-TOI)	Commercial General Liability
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Commercial General Liability
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: Written 5/1/08 Renewal: Written 5/1/08
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	ISO
17. Reference Organization # & Title	GL-2006-OCTRU
18. Company's Date of Filing	12/4/07
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	07-L3389
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The above named companies, as subscriber to the Insurance Services Office, had the captioned changes filed on their behalf.

This revision was filed with the ISO Filing Designation Number GL-2006-OCTRU as referenced in their Circular LI-GL-2007-113.

We request to defer this revision to be applicable to all policies written on and after May 1, 2008.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: In process and will be mailed ASAP Amount: \$25.00	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	07-L3389
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	07-F3389
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☐ Rate Increase ☐ Rate Decrease ☒ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	PRIOR APPROVAL
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4a.	Rate Change by Company (As Proposed)						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
N/A	N/A						

4b.	Rate Change by Company (As Accepted) For State Use Only						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)		
5b.	Overall percentage rate impact for this filing	N/A	
5c.	Effect of Rate Filing – Written premium change for this program	N/A	
5d.	Effect of Rate Filing – Number of policyholders affected	N/A	

6.	Overall percentage of last rate revision	N/A
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7.	Effective Date of last rate revision	N/A
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A
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9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	



CNA Plaza Chicago IL 60685-0001

December 6, 2007

Mercy A. Marasigan

State Filing Analyst
Commercial Lines/37S

Telephone 312-822-6609
Facsimile 312-755-2394
mercedes.marasigan@cna.com

Honorable Julie Benafiled Bowman
Insurance Commissioner
1200 West Third Street
Little Rock, AR 72201 - 1904

Attn.: Compliance/Property & Cas.

Re: Commercial General Liability Program (ID#07-L3389)
DEFERRAL REQUEST
ISO 2007 Multistate Revision to Division Six- General Liability Rules
CONTINENTAL CASUALTY COMPANY 218-20443
NATIONAL FIRE INSURANCE COMPANY OF HARTFORD 218-20478
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA 218-20427
TRANSPORTATION INSURANCE COMPANY 218-20494
VALLEY FORGE INSURANCE COMPANY 218-20508
THE CONTINENTAL INSURANCE COMPANY 218-35289

Dear Commissioner:

The above named companies, as subscriber to the Insurance Services Office, had the captioned revision filed on their behalf.

This revision was filed with the ISO Filing Designation Number GL-2006-OCTRU, as referenced in their Circular LI-2007-113.

We respectfully request to defer this revision to be applicable to all policies written on and after May 1, 2008.

Please stamp and return the enclosed extra copy of this letter for our records.

Very truly yours,

Mercy A. Marasigan